## PATENT APPORTION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Doctor Number 10/532272

|                                                                                                                                                                                                                                                                                                                                                                                                                 | CLAIMS AS FILED - PART I                                                 |                                                                          |         |                                           |                                 |                  |            | SMALL ENTITY                            |                        |            | OTHER               | THAN                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|---------|-------------------------------------------|---------------------------------|------------------|------------|-----------------------------------------|------------------------|------------|---------------------|------------------------|
| L                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | (Colu                                                                    | ımn 1)  | (Cotumn 2)                                |                                 |                  | TYPE       | Of                                      |                        |            |                     |                        |
| U.S. NATIONAL STAGE FEES                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                                                          |         |                                           |                                 |                  | ]          | RATE                                    | FEE                    | ]          | RATE                | FEE                    |
| BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                                          | SMALL E | NT. = \$ 150                              | LARGE ENT. = \$ 300             |                  | ]          | BASIC FEE                               |                        | OR         | BASIC FEE           | 300                    |
| EX                                                                                                                                                                                                                                                                                                                                                                                                              | AMINATION FEE                                                            | Salisties PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100                     |         | All other situations =<br>\$ 100 / \$ 200 |                                 |                  | DAN FEE    |                                         |                        | DUM FEE    | 200                 |                        |
| SE                                                                                                                                                                                                                                                                                                                                                                                                              | arch fee                                                                 | U.S. Is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |         | •                                         | her'shizdons =<br>i 250 / 8 500 |                  | SEARCH FEE |                                         |                        | SEARCH FEE | 400                 |                        |
| FEE                                                                                                                                                                                                                                                                                                                                                                                                             | FOR EXTRA SI                                                             | minus 100 =                                                              |         |                                           | /50=                            | 1                | X \$ 125 = |                                         |                        | X \$ 250 = | · · ·               |                        |
| тот                                                                                                                                                                                                                                                                                                                                                                                                             | TAL CHARGEAB                                                             | 2. () minus 20 = .                                                       |         | •                                         |                                 |                  | X\$25=     |                                         | OR                     | X\$50=     |                     |                        |
| IND                                                                                                                                                                                                                                                                                                                                                                                                             | EPENDENT CLA                                                             | 3 minus 3 = .                                                            |         | •                                         |                                 | 1                | X\$100 =   |                                         | OR                     | X\$200=    | -                   |                        |
| MUI                                                                                                                                                                                                                                                                                                                                                                                                             | LTIPLE DEPEND                                                            | ENT CLAIM PR                                                             | ESENT   |                                           |                                 |                  |            | +\$180=                                 |                        | OR         | +\$ 380 •           |                        |
| • 11                                                                                                                                                                                                                                                                                                                                                                                                            | * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                          |         |                                           |                                 |                  |            | TOTAL                                   |                        | OR         | TOTAL               | 400                    |
| L                                                                                                                                                                                                                                                                                                                                                                                                               | CLAIMS AS AMENDED - PART () (Column 1) (Column 2) (Column 3)             |                                                                          |         |                                           |                                 |                  |            | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |            |                     |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                |         | HIGH<br>HUM<br>PREVIO<br>PAID             | BER                             | PRESENT<br>EXTRA |            | RATE                                    | ADOI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Total                                                                    | . 20                                                                     | Minus   | -70                                       | <u> </u>                        | -                |            | X \$ 25 =                               |                        | OR         | X\$50=              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Independent                                                              | · 3                                                                      | Minus   | <u> </u>                                  |                                 |                  |            | X \$ 100 =                              |                        | OR         | X \$ 200 =          |                        |
| 1                                                                                                                                                                                                                                                                                                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                                                          |         |                                           |                                 |                  |            | +\$180=                                 | •                      | OR         | +\$360=             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                          |         |                                           |                                 |                  |            | TOTAL ADDIT.<br>FEE                     |                        | OR         | TOTAL ADDIT.<br>FEE |                        |
| ŀ                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | (Column 1)                                                               |         | (Cotur                                    | nn 21                           | (Column 3)       |            | ·                                       |                        |            |                     | •                      |
| 9 5                                                                                                                                                                                                                                                                                                                                                                                                             | 12/01/06                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                |         | HIGH<br>MUNI<br>PREVIO<br>PAID            | EST<br>BER<br>WSLY              | PRESENT<br>EXTRA |            | RATE .                                  | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                     | Total                                                                    | 2/                                                                       | Minus   | -2                                        | 0                               | • /              |            | X \$ 25 =                               |                        | OR         | X\$50=              | 50                     |
| 8                                                                                                                                                                                                                                                                                                                                                                                                               | Independent :                                                            | ·3                                                                       | Minus   | <b></b> 2                                 | )                               |                  |            | X \$ 100 =                              |                        | OR         | X \$ 200 =          |                        |
| L                                                                                                                                                                                                                                                                                                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT C                               |                                                                          |         |                                           | MIAL                            |                  |            | +\$180=                                 |                        | OR         | + \$ 360 =          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                          |         |                                           |                                 |                  |            |                                         |                        | OR         | TOTAL ADDIT.<br>FEE | 50                     |
| * If the entry in column 1 is less than the entry in column 2, write "V" in column 3.  ** If the Prighest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20",  *** If the "Righest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                          |                                                                          |         |                                           |                                 |                  |            |                                         |                        |            |                     |                        |